

# ELIGIBILITY REVIEW QUESTIONNAIRE

# EUC

UC-BP-24 (Rev.5/97)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

1. Have you ever filed for unemployment insurance previously? YES ( ) NO ( )  
If "Yes," when and where: \_\_\_\_\_
2. Was there any reason why you could not have accepted full-time work since you have been unemployed? YES ( ) NO ( )  
If "Yes," please explain: \_\_\_\_\_
3. What kind of work did you perform on your last job? \_\_\_\_\_
  - a. How long did you work at your last job? \_\_\_\_\_
  - b. What days did you work? \_\_\_\_\_
  - c. What were your hours? \_\_\_\_\_
  - d. What was your rate of pay? \_\_\_\_\_ an hour; \_\_\_\_\_ a month.
4. What other kind(s) of work experience have you had? \_\_\_\_\_
  - a. How long did you work in this capacity? \_\_\_\_\_
5. What kind of work are you looking for now? \_\_\_\_\_
  - a. What is the lowest pay you will accept? \_\_\_\_\_ an hour; \_\_\_\_\_ a month.
  - b. Circle the days of the week that you are willing and able to work:  

Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
  - c. During what hours of the above days are you willing and able to work? \_\_\_\_\_
  - d. In what geographical areas are you willing and able to work? \_\_\_\_\_
  - e. What means of transportation do you have to get to work? \_\_\_\_\_  
 \_\_\_\_\_ (Specify: own car, bus, taxi, or other means.)
6. Do you expect to obtain work through a Labor Union? YES ( ) NO ( )
  - a. If "Yes," give name of union and local number: \_\_\_\_\_
  - b. If "Yes," are you registered and in good standing? YES ( ) NO ( )
  - c. Would you accept nonunion work: YES ( ) NO ( )
7. Has any employer offered you work since you became unemployed? YES ( ) NO ( )  
If "Yes," please give name and address of employer: \_\_\_\_\_
8. Has the State Workforce Development Division offered you a referral to work since you became unemployed? YES ( ) NO ( )  
If "Yes," what was the result: \_\_\_\_\_
9. Do you
  - a. Work for anyone now? ..... YES ( ) NO ( )
  - b. Spend any time in self-employment or in business of any kind ..... YES ( ) NO ( )
  - c. Attend or plan to attend school or vocational training ..... YES ( ) NO ( )
 If "Yes," give name of employer, or kind of self-employment, or name of school and hours spent working or attending school or vocational training: \_\_\_\_\_
10. Are you claiming, receiving, applied for or do you plan to apply for:
  - a. Social Security ..... YES ( ) NO ( )
  - b. Pension ..... YES ( ) NO ( )
  - c. Worker's Compensation (industrial injury) ..... YES ( ) NO ( )
  - d. Educational assistance ..... YES ( ) NO ( )
  - e. Disability benefits ..... YES ( ) NO ( )
 If you answered "yes" to any of the above, explain: \_\_\_\_\_
11. Do you have minor children, aged or sick members in your family living with you? YES ( ) NO ( )  
If "Yes," who will care for them if you should go to work?  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
12. What do you feel have been your major problems in finding a job? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_